

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. William O. Moore**

Mailing Address 101 W Sinton St

Ste B

City

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 20150506145317-170

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. William W. Moose Jr.**

Mailing Address PO Box 67

City

Mt Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moose Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 20150506145317-171

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Michael Morelli**

Mailing Address 883 9th Ave

City

New York

State

NY

Zip Code

10019-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrow Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 20150506145317-172

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00